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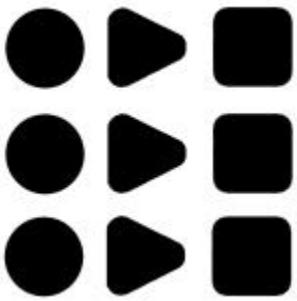

TRAINING IN REPRODUCTIVE HEALTH

2002

TABLE OF CONTENTS

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TRAINING IN REPRODUCTIVE HEALTH

ANNUAL REPORT
1 OCTOBER 2001–30 JUNE 2002

OVERVIEW

The mission of the Training in Reproductive Health (TRH) Project at JHPIEGO is to increase the availability of high quality reproductive healthcare in low-resource settings. As service delivery and training needs in family planning and reproductive health have evolved, so too has TRH. Our work this year has led to:

- Increased access to postabortion care, including family planning services
- The improvement of family planning/ reproductive health service delivery, including strengthened national and local training systems
- Increased access to family planning/ reproductive health information for thousands of individuals around the world
- Increased access to voluntary counseling and testing services (VCT) for families in the Eastern Caribbean

Photo by Ricky Lu

TRH HIGHLIGHTS IN 2002

This has been a very successful year for the TRH Project. Important results have been demonstrated in key interventions undertaken in areas such as performance improvement, postabortion care, human resource development, infection prevention, reproductive health information, preservice education, clinical training, and voluntary counseling and testing. These key results are summarized below and then described in detail, according to their corresponding Strategic Objective, on pages 7–21.

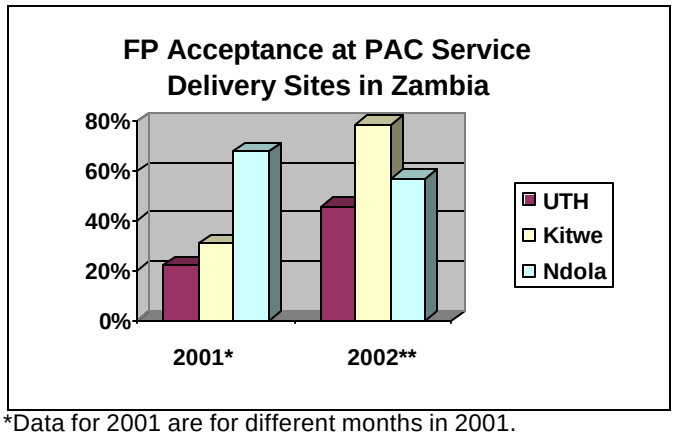
Postabortion care (PAC) services expanded in a number of countries

PAC guidelines and competency-based training materials developed by TRH provided the foundation for a successful program in **Malawi**. In the first 9 months of the program, 626 clients were treated at four hospitals. The percentage of manual vacuum aspiration (MVA) patients counseled for family planning services ranged from 86% to 97%, with an average family planning acceptance rate of 69%.

In **Zambia**, comprehensive PAC services are fully functional at two provincial and three national hospitals. Over 14,000 women suffering from postabortion complications have been treated with MVA at these facilities, and the majority of these clients were counseled and accepted a method of family planning (see **Figure 1** below). In addition,

two national referral sites are serving as model PAC training sites. TRH is supporting the Zambia National PAC Task Force in using these model sites to create an integrated PAC clinical training network that will expand high quality PAC services to 100 sites nationwide.

Figure 1. Family Planning Acceptance by Year at PAC Service Delivery Sites in Zambia



*Data for 2001 are for different months in 2001.
**Data for 2002 are for January to August only.

In **Burkina Faso**, PAC services were decentralized to all 10 regional hospitals in the country. In **Guinea**, PAC services have been established at one prefectural and two regional hospitals in Upper Guinea. Expansion of the number of service delivery sites offering PAC has resulted in the availability of PAC services at the regional level for the first time in both countries. Moreover, the availability of family planning services has been increased for all PAC clients in both countries, and infection prevention measures have been improved in all facilities.

National human resources development strengthened in Malawi

A Training Information Management System (TIMS©) and an electronic nursing registry were established in Malawi. These systems are helping the Government of Malawi and the Nurses and Midwives Council to monitor training and trainer development, track nursing/midwifery personnel, and identify geographic areas lacking trained family planning/reproductive healthcare providers. The systems are also being used for planning training and guiding participant selection.

Infection prevention practices improved in Malawi through performance improvement interventions

The TRH Project developed national infection prevention standards in Malawi, which were implemented by specially trained performance and quality improvement (PQI) teams at seven sites. Followup visits to the sites showed that infection prevention practices had improved dramatically. These changes resulted solely from training the PQI teams and providing them with the national standards. Neither the Ministry of Health and Population nor TRH provided external technical or financial assistance after the training took place.

Performance improvement interventions strengthened

Factors that influence high performance of healthcare delivery sites in low-resource settings were identified in a two-phase study in Kenya. High performance was promoted by soliciting and implementing staff and client feedback on services, using cost recovery fees to purchase supplies, and providing informal knowledge updates to staff. These findings are now being used to plan and target interventions for achieving desired performance outcomes at service delivery sites.

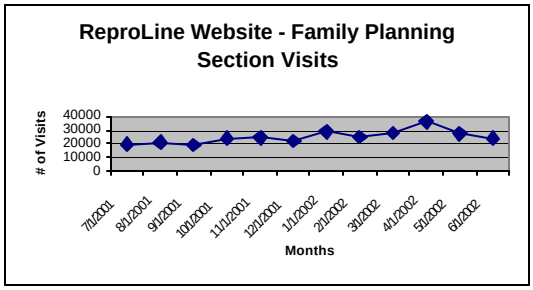
Preservice education program in Ghana strengthens the performance of midwives

A case-control study conducted in Ghana demonstrated that midwives who graduated from TRH-assisted schools had higher scores in family planning knowledge and family planning/maternal and neonatal health skills than midwives from schools that were not part of the program.

Access to reproductive health information expanded

Nearly 1 million visits from 125 countries, more than 50 of which receive assistance from USAID, were made to ReproLine® in the past year. As shown in **Figure 2** below, approximately 300,000 of these visits were made to the family planning section of the website.

Figure 2. Visits to Family Planning Section of ReproLine Website



Best practices in family planning/reproductive health training disseminated

TRH sponsored an international conference on "Training: Best Practices, Lessons Learned and Future Directions"—the first in a series of conferences planned on this topic—in collaboration with the USAID Office of Population and Reproductive Health and a number of Cooperating Agencies. More than 180 participants from 14 countries came away with increased knowledge of the design, delivery, and evaluation of training in family planning/reproductive health.

Innovative training approaches applied to train reproductive healthcare providers in HIV voluntary counseling and testing (VCT) services in Jamaica

With TRH support, the Jamaican Ministry of Health initiated a new training program to integrate HIV VCT services into reproductive health services. Innovative training approaches developed and widely applied by TRH in family planning and reproductive health programs were used as a model for adapting a counseling protocol from CDC's Global AIDS Program into a complete training package. This package was used to train the first cohort of 39 participants and clinical trainers, who are now providing VCT services and training throughout Jamaica and the Eastern Caribbean.

This year, through the TRH Project, JHPIEGO also:

- Supported the decentralization of postabortion care services in Burkina Faso, Guinea, and Haiti, increasing the coverage of PAC services exponentially in both countries
- Participated in a HIV/AIDS VCT needs assessment in Suriname, which will lead to the development of strengthened VCT services in that country
- Played a key role in the launch of the World Health Organization's Implementing Best Practices initiative
- Inaugurated the Community-Based Health Planning Services (CHPS) project in Ghana that deploys Community Health Officers to rural villages without clinics to provide family planning/reproductive and other healthcare services
- Launched the Malawi national reproductive health service delivery guidelines (signed by the Minister of Health)—the most comprehensive reproductive health guidelines ever produced in Malawi
- Supported the publication of the third edition of Nepal's National Medical Standard for Reproductive Health, which includes newly developed chapters on emergency contraception
- Provided support for a conference—the Francophone Regional PAC Conference in Dakar, Senegal, which was attended by more than 200 representative from 14 African countries—that advocated for the expansion of PAC services in West Africa
- Developed and field-tested in Zambia and Malawi an important new PAC training tool—the PAC individualized learning package
- Collaborated with PRIME on the development and publication of *Transfer of Learning: A Guide for Strengthening the Performance of Health Care Workers,* which emphasizes approaches to ensuring the transfer of knowledge and skills after training

The above programs are described in the pages that follow. Additional details regarding the TRH Project can be obtained through the JHPIEGO website (www. jhpiego.org) or by contacting the TRH Project Director, Dr. Ronald H. Magarick (rmagarick@jhpiego.net).

PROGRAMMATIC OBJECTIVES

To guide our work, TRH has identified the following program objectives that define our mission:

- Building capacity for human resources
- Advocating for sound reproductive health policy
- Applying innovative learning interventions
- Developing an international group of reproductive health experts

These four objectives are linked to the Training Results Framework (TRF) of USAID's Office of Population and Reproductive Health. These objectives cannot be met without collaboration. This year, TRH collaborated with ministries of health and education, educational institutions, international donors, developing country organizations, private organizations, and other USAID Cooperating Agencies to work toward achieving the following objectives:

Capacity Building — to expand national capacity for strengthening human resources in order to increase access to and quality of family planning and other selected reproductive health services through basic preservice education and training and appropriate performance improvement strategies and interventions. (TRF Intermediate Results1, 2, and 3)

Reproductive Health Policy — to collaborate with governments and key institutions to promote and harmonize sound reproductive health policies and strategies through public and private partnerships in order to leverage resources and facilitate implementation of sustainable national programs. (TRF Intermediate Result 3)

Learning Interventions — to improve the effectiveness and efficiency of integrated reproductive health education and training through application and transfer of innovative learning approaches, educational resources, and emerging information technologies. (TRF Intermediate Result 1)

Global Expert Resource Development — to maximize the effectiveness and impact of an expanding group of international reproductive health experts and associated institutions through professional development, institutional partnerships, and establishment of a global communication and training network. (TRF Intermediate Results 1 and 3)

In 2002, the TRH Project worked toward achieving its four programmatic objectives in 19 countries in Africa, Latin America and the Caribbean, and Asia. In the next fiscal year, TRH will begin work in several new countries—the Democratic Republic of the Congo, Egypt, the Philippines, South Africa, and a number of Caribbean countries. Many of the innovations introduced in other countries with which we have worked are expected to be introduced in these new countries. **Table 1** shows the countries where we worked this year under the TRH Project, as well as the new countries where we will be working in FY03.

Table 1. Countries Where TRH Worked in 2002 and Will Be Working in 2003

	CONTINUING TRH PRESENCE IN FY02	NEW TRH COUNTRIES IN FY03
Africa: East and Southern		
Kenya	✓	
Malawi	✓	
South Africa		✓
Tanzania (through REDSO/ESA)*	✓	
Uganda	✓	
Zambia	✓	
Zimbabwe	✓	
Africa: West; and Haiti		
Burkina Faso	✓	
Democratic Republic of the Congo		✓
Ghana	✓	
Guinea	✓	
Haiti	✓	
Senegal	✓	
Asia, Central; Europe; and Near East		
Egypt		✓
Georgia	✓	
Turkey	✓	
Ukraine	✓	
Asia: South and Southeast		
Nepal	✓	
Philippines		✓
Latin America and the Caribbean		
Bolivia	✓	
Ecuador	✓	
Guyana		✓
Jamaica	✓	
Peru	✓	
St. Kitts and Nevis		✓
St. Lucia		✓
St. Vincent and the Grenadines		✓
Suriname		✓
Trinidad and Tobago		✓

* Regional Economic Development Support Office/East and Southern Africa

OBJECTIVE 1: CAPACITY BUILDING

Photo by Rick Hughes

Capacity building, the primary and overarching theme of the TRH Project, is a prerequisite for sustainability. A sustainable training system is achieved when a country can furnish a reliable supply of competent educators, trainers, and healthcare providers to meet its needs. The key to a sustainable training system is an effective preservice education system. Below are examples of TRH work in 2002 that addressed capacity building, including work in the areas of HIV/AIDS, postabortion care, and best practices in training.

HIV Voluntary Counseling and Testing Program Initiated in Jamaica

At the request of USAID/Jamaica and the Jamaican Ministry of Health (MOH), in November 2001 a team of JHPIEGO staff and consultants, in collaboration with the MOH, conducted a needs assessment of HIV Voluntary Counseling and Testing (VCT) services in Jamaica. The Caribbean has the second highest regional HIV prevalence after sub-Saharan Africa, and HIV/AIDS is the leading cause of death among young adults in several countries in the region. The needs assessment findings indicated that while many organizations in Jamaica, including MOH clinics, nongovernmental organizations, and private healthcare providers, currently provide VCT, there is a lack of standardized training and service delivery. Many of those who currently provide VCT services do not have up-to-date information on HIV/AIDS or current best practices for behavior change. Historically, the counseling emphasis has been on educating clients rather than assisting them to develop personalized risk reduction plans. The overall goal of the initiative is to strengthen referrals of HIV-positive clients to MOH facilities and nongovernmental organizations (NGOs) that can provide appropriate care and support services, including prevention of mother-to-child transmission, nutritional counseling and support, and psychosocial support and care.

The findings of the needs assessment were used to design a program to strengthen training capacity in VCT based on a client-focused risk reduction model. The first round of VCT updates was held from 24 June–5 July at the Comprehensive Health Centre in Kingston, training a total of 38 participants during two 5-day courses. Participants in the updates included healthcare providers, STI contact investigators, representatives from NGOs for People Living with HIV/AIDS, behavior change specialists, and mental health counselors. During the course, all participants had the opportunity to practice their counseling skills in role plays and with clients. The program will provide for followup with the newly trained providers at their respective service delivery sites. The VCT program will be rolled out in FY03 to other countries in the Caribbean, including Guyana, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, Suriname, and Trinidad and Tobago.

HIV/AIDS Needs Assessment Conducted in Suriname

In May, TRH participated in an HIV/AIDS needs assessment conducted in Suriname by the USAID Caribbean Regional Program on HIV/AIDS, a program working to strengthen the capacity of regional, national, and local organizations to respond to the HIV/AIDS crisis in the Caribbean. The program includes strengthening voluntary counseling and testing (VCT) training capacity, HIV/AIDS surveillance systems, national AIDS programs, and nongovernmental organizations (NGOs) working in HIV/AIDS.

The Suriname assessment team included representatives from USAID/Jamaica, Family Health International, and JHPIEGO. They found that the response to HIV/AIDS in Suriname is constrained by limited human and financial resources in the Ministry of Health. At present, the bulk of HIV/AIDS prevention and care activities are conducted by a group of dedicated NGOs and public sector health personnel working with the NGOs. Up-to-date seroprevalence figures were not available, but the adult seroprevalence rate was estimated by UNAIDS in 1999 to be 1.26%. At present, access to antiretroviral therapy is extremely limited, but efforts are underway to increase access to drugs, particularly for the prevention of mother-to-child transmission. The Government of Suriname plans to begin testing pregnant women for HIV on a routine basis, but these efforts are constrained by the lack of staff trained to conduct VCT.

To respond to the needs identified, TRH will work to increase access to quality VCT services by strengthening VCT training capacity. Activities will include the development of a cadre of VCT trainers and activities to implement VCT in existing sites, such as antenatal care and sexually transmitted disease clinics. TRH will implement the VCT program in Suriname as part of the HIV/AIDS Caribbean Regional Program.

Postabortion Care Services in Haiti Expanded to Four Additional Sites

In May 1999, TRH started a project at two national teaching hospitals to improve the quality of services for women experiencing complications of bleeding in early pregnancy. Postabortion care (PAC) services have been fully functional at both sites since April 2000. Later that year, in collaboration with the Institute for Health and Community Action and the United Nations Population Fund (UNFPA), TRH began the expansion of PAC services to four departmental reference hospitals. These sites received training and followup in infection prevention, family planning, manual vacuum aspiration (MVA), and long-term and permanent contraceptive methods (Norplant implants and minilaparotomy). In addition, UNFPA is working with each of the four sites to renovate PAC facilities to allow for expanded provision and integration of MVA and family planning services.

A followup visit to one of the expansion sites (Hospital St. Michelle in Jacmel) in January revealed that PAC services are fully functional and have dramatically increased in quality. The PAC center has been completely renovated and within it, infection prevention practices are strong. Since November 2001, PAC clients have been treated using MVA instead of dilatation and curettage. Additionally, family planning counseling has been integrated into PAC services, and a register formally tracking PAC clients and their choice of family planning method after counseling has been implemented.

The PAC program will expand to four additional sites (Port de Paix, Hinche, Jeremie, and Le Caye) with the goal of strengthening PAC services in all 10 public-sector reference hospitals in Haiti. To improve incountry training capacity and reduce costs for future

efforts, a clinical training skills course was offered 21–31 January for 16 providers already trained in infection prevention, PAC, and family planning (including minilaparotomy and Norplant implants) services during the initial phases of this project. These newly trained trainers are assisting in the final expansion phase of the PAC program within the public sector.

Integrated Postabortion Care Services Established in Malawi Central Hospitals

TRH assisted the Malawian Ministry of Health and Population to develop a national strategy for PAC as well as service delivery and training guidelines, putting these in place during FY01. TRH's efforts in FY02 have resulted in the development of PAC training materials, training of trainers and service providers, and establishment of PAC services in Malawi's four central government hospitals in Lilongwe, Blantyre, Zomba, and Mzuzu.

There are now a total of 31 PAC clinical trainers deployed to more than 14 central and district hospital sites, geographically representing all three regions and covering 13 of the country's 27 districts. The four central hospitals are also teaching hospitals for medical students, medical interns, clinical officer and nursing/midwifery students. The clinical trainers deployed to each of the 14 sites provide on-the-job PAC training to other clinical staff using a structured, competency-cased approach. Building service delivery capacity for postabortion care services in Malawi has resulted in MVA patients at four central hospitals being routinely counseled for family planning after receiving emergency treatment for abortion complications by competent PAC service providers. During the first 9 months of program implementation, the percentage of MVA patients counseled for family planning services ranged from 86% to 97%, with an average family planning acceptance rate of 69%.

Phase II of National Postabortion Care Task Force Expansion Plan Launched in Zambia

Since its inception, the TRH PAC program in Zambia has had a dramatic impact on PAC services nationwide. Comprehensive PAC services are fully functional at two provincial hospitals and at all three national referral hospitals (Kitwe, Ndola Central Hospital, and University Teaching Hospital [UTH]). Service delivery records show that more than 14,000 women suffering from postabortion complications have been treated with manual vacuum aspiration (MVA). In 2002, an average of 53% of PAC patients accepted a family planning method, an increase from 2001.

More than 60 public health managers and hospital administrators have been thoroughly oriented to the PAC expansion program and elements of quality infection prevention and family planning counseling, and 22 providers from the 3 national referral hospitals have been trained to provide comprehensive services. Another 13 providers are in training using an individualized learning package. Currently, two national referral hospitals, UTH and Ndola Central Hospital, are serving as model PAC training sites. TRH is supporting the Zambia national PAC Task Force in using these model services sites to create an integrated PAC clinical training network at the provincial level that will enable the Task Force to reach its goal of introducing quality PAC services to 100 sites nationwide.

The National PAC Program in Zambia is launching Phase II of its expansion plan by working to establish Provincial Training Sites. In March, a multidisciplinary team of task

force representatives from the University Teaching Hospital, Central Board of Health (CBOH), JHPIEGO, and the Zambia Integrated Health Program (ZIHP) traveled to Chapata district to orient provincial, district, and hospital administrators (and clinical staff from the provincial hospital) to PAC and the expansion plans. They also laid the groundwork for establishing model PAC services by reinforcing and strengthening infection prevention and family planning skills and practices. Partly as an outgrowth of the PAC programs to date, CBOH's Clinical Care and Diagnostics Division is spearheading the development of national infection prevention guidelines. Two key CBOH staff, former members of the PAC team, took up posts in this division, and are leading the infection prevention initiative with support and participation from JHPIEGO, ZIHP, and a number of other stakeholders.

Postabortion Care Services Established at Decentralized Service Delivery Sites in Burkina Faso and Guinea

In 2000, the TRH project launched a regional initiative to improve access to high quality PAC services in West Africa. This initiative combined support to country PAC programs in Burkina Faso, Guinea, and Senegal, and complemented regional dissemination of best practices. The pilot programs in Burkina Faso and Senegal showed the introduction of PAC services at centralized teaching hospitals reduced the burden related to treatment of incomplete and unsafe abortion at these facilities. To date, TRH has supported decentralization of PAC services to 21 public sector sites in Burkina and Guinea.

In Burkina Faso, PAC services were decentralized to all 10 regional hospitals in the country in FY02. As a result, this year PAC services became available at both regional hospitals and one prefectural hospital in the USAID project area in Upper Guinea. This expansion of service delivery sites has lead to wide coverage of PAC services in both countries, and improved availability of family planning services for all maternity clients. Interventions have also improved overall infection prevention measures at all facilities. The national hospitals affiliated with one or more training institutions are successfully operating as clinical training sites in both countries.

JHPIEGO Joins WHO and Partners in Egypt for Launch of Implementing Best Practices Consortium

From 9–13 February, approximately 150 reproductive healthcare professionals from Egypt, Jordan, Lebanon, Pakistan, Palestine, Syria, Turkey, West Bank-Gaza, and Yemen attended an Inter-Country Meeting with Partners and Country Teams at the Sofitel Hotel Le Sphinx in Giza, Egypt. Donors, representatives from international agencies, regional advisors, and a delegation from the Ministry of Health, India, also took part in the meeting, which was held in collaboration with the World Health Organization (WHO) Eastern Mediterranean Regional Office, Department of Women's and Reproductive Health.

This was a highly collaborative event in which TRH played a key role in assisting WHO and partner agencies to launch a new global initiative called the Implementing Best Practices (IBP) Consortium. The IBP Consortium is a network of international partners that will provide information, support, and mentoring to developing country programs so they can adapt and apply internationally recognized best practices. IBP Consortium launching partners include: WHO/Department of Reproductive Health and Research, USAID, EngenderHealth, Family Health International, International Planned Parenthood

Federation, Intrah/PRIME, JHPIEGO/TRH, Johns Hopkins University/Center for Communication Programs, Management Sciences for Health, Pathfinder, Population Leadership Program, UNFPA, Advance Africa and Catalyst Projects, and Partners for Population and Development. During the course of the meeting, six JHPIEGO staff members gave presentations on a variety of topics, including infection prevention, self-directed learning, performance improvement, postabortion care, and humanistic training with anatomic models.

Conference Held on Training: Best Practices, Lessons Learned and Future Directions

In collaboration with the Office of Population and Reproductive Health and a number of USAID Cooperating Agencies (CAs), JHPIEGO sponsored a conference in Washington, D.C., on22 and 23 May, entitled "Training: Best Practices, Lessons Learned and Future Directions." Approximately 180 trainers, instructional designers, materials developers, facilitators, and evaluators representing 16 countries and nearly 30 CAs and other institutions participated in the interactive conference. They came away with increased knowledge regarding the design, delivery, and evaluation of training, with particular emphasis on family planning and reproductive health.

The conference was divided into general and concurrent sessions. The three general sessions focused on the following broad topics: Getting Your Training Used: Overcoming the Problem of Inert Knowledge; Transfer of Learning: Ensuring the Performance Payoff; Training in the 21st Century: Blending Options and Opportunities.

Feedback received from participants was complimentary and constructive in the planning of future training conferences. Many participants commented that the conference was well organized and managed, with an excellent variety of topics. Participants also appreciated the many opportunities for sharing and "networking" with colleagues, and the informal and collegial atmosphere of the sessions. A CD-ROM containing conference materials was produced for distribution to all participants.

Performance Improvement Interventions Strengthened

The TRH Project conducted a two-phase study in Kenya of the factors that influence high performance of healthcare delivery sites in low-resource settings. The study found that certain performance factors are common among facilities that consistently deliver high quality reproductive health services. Out of seven performance factors explored, the four most influential were found to be: staff knowledge and skills; facilities, equipment and supplies; management systems and leadership; and client and community focus.

Examples of specific strategies used to promote high performance included holding regular staff meetings to discuss problems and provide informal staff knowledge updates, gathering staff and client feedback and addressing their concerns, using cost recovery fees to purchase supplies when there was a shortfall, sending providers to training events so they could keep their skills up-to-date, and having providers who attended training debrief their colleagues. The investigators concluded that facilities were resilient, exhibiting the following characteristics: an acceptance of reality exhibited by identifying and understanding obstacles to performance, a deep unifying belief supported by a common set of values, and the ability to improvise, such as developing coping mechanisms to maintain high performance. Results of the study are now being used by

TRH to implement a supervision intervention and study in Kenya in collaboration with Family Health International (see below).

Workshops Conducted in Kenya on Improving Provider Performance and Quality of Services by Strengthening Supervision Systems

Supervisors exist at many levels in the healthcare system. From the onsite provider designated as the "in-charge" to the supervisor who may be located off-site at a central referral facility or Ministry of Health, supervisors—particularly site-level supervisors—are the most logical candidates for implementing the performance improvement process to improve provider performance and the quality of services.

With this in mind, JHPIEGO (with funding from the Maximizing Access and Quality [MAQ] initiative) worked with Family Health International to examine the effect of training on-site supervisors on the quality of healthcare services in Kenya. In April, JHPIEGO conducted two 5-day courses for Kenyan healthcare supervisors using the reference manual *Supervising Health Services: Improving the Performance of People*, part of JHPIEGO's supervision learning package based on the performance improvement process.

The courses were well received by the participants, most of whom had never had formal training in supervision. By the end of the course, participants had developed clear action plans to take back to their sites to begin addressing key areas for improvement. JHPIEGO will follow up with the participants through on-site visits and supportive supervision to determine the extent to which supervisors are implementing the performance improvement process, and Family Health International will carry out evaluations to examine overall quality improvement at 6- and 12-month intervals.

JHPIEGO Launches CHPS Preservice Initiative in Ghana

This year, JHPIEGO was invited to support the Community-Based Health Planning and Services (CHPS) project in Ghana, a new project that deploys Community Health Officers (CHOs) to rural villages without clinics. CHOs promote preventive healthcare and health education, provide family planning services, and mobilize the community, employing culturally sensitive and effective communication strategies to mount public health projects. Recognizing that inservice training alone cannot meet the need for qualified CHOs, USAID has requested that JHPIEGO strengthen preservice institutions to ensure that an appropriate number of CHOs graduate each year.

The TRH Project will assist Ghanaian technical experts to adapt inservice CHPS training curricula to be integrated into already existing Rural Health Training and Community Health schools. In addition, TRH will train tutors in schools and preceptors at clinical sites where students go for clinical practice, as well as provide schools with models and other teaching aids. To ensure that these innovations have adequate support, TRH sponsored a 1-day meeting with stakeholders (including national representatives from the Ghana Health Service [GHS], regional and district directors of GHS, representatives from the Nurses & Midwives Council, and principals of the relevant schools) in Accra on 8 May. The meeting successfully achieved its three goals: to give participants a common understanding of CHPS, to define what is entailed in strengthening preservice education, and to discuss approaches and potential constraints in implementing the program.

Midwifery Graduates' Skills in Family Planning/Reproductive Health and Maternal and Neonatal Health Improved through Strengthened Preservice Education in Ghana

In May, TRH undertook a matched case-control study comparing the family planning and maternal and neonatal health knowledge and skills of 72 midwives who graduated in 2000 from TRH-assisted schools with 70 midwives who graduated the same year from schools that were not yet part of the program. The program was implemented in three phases, with two schools in Phase 1, three schools in Phase 2, and the remaining seven schools in Phase 3. The study tested knowledge through a written exam and skills through four "skill stations" that provided simulated environments (e.g., role plays and anatomic models).

Results showed that midwives trained at the two Phase 1 schools had statistically significant better performance on clinical skills assessments than control group midwives in the areas of handwashing, abdominal palpation, vulval swabbing, controlled cord traction, preparation of decontaminant, and instrument cleaning. They also performed better than control midwives at providing counseling on a family planning method (e.g., describing how a method, Depo-Provera, works, its effectiveness and side effects), and had statistically significant higher scores for knowledge of family planning.

TRH's specific strategies for strengthening Ghanaian preservice education include developing and implementing a standardized competency-based curriculum, improving knowledge and skills of tutors and clinical trainers/preceptors, reinforcing service sites used for clinical practice, providing schools and clinical training sites with anatomic models, and supporting training materials.

Database Systems to Track Family Planning/Reproductive Health Human Capacity Development Established in Malawi

National human resource planning and development in Malawi is now supported by: (1) a Training Information Monitoring System (TIMS) implemented by the Ministry of Health and Populations (MOHP) Reproductive Health Unit (RHU) to monitor inservice family planning/reproductive health training and trainer development; and (2) an electronic nursing registry to assist the Nurses and Midwives Council of Malawi (NMCM) to track nursing/midwifery personnel. The MOHP RHU, responsible for coordinating family planning/reproductive health training for clinical healthcare providers as well as developing a network of on-the-job and group-based trainers, has implemented TIMS.

In FY02, this database application, developed by TRH and customized for the Malawi MOHP, was used to track courses, participants, and trainers, showing aggregate reports on geographic distribution of trained family planning /reproductive health providers by district and facility, as well as individual transcript reports to assist in tracking professional and trainer development. Concurrently, the NMCM, a parastatal agency, has implemented a computer database developed by TRH to track nurse and midwife annual registrations with the Council. The database is being used to address human resource development concerns in the health field by providing data for publication of an annual Malawi nurse register and by informing government and nongovernmental agencies of the distribution of nurses and midwives throughout the country. Used in tandem, these two systems are providing the MOHP and NMCM with previously unavailable information

on trained personnel that is being used in planning and training, both to demonstrate the need for training in specific topics and to guide participant selection.

OBJECTIVE 2: REPRODUCTIVE HEALTH POLICY

In the past year, the TRH Project continued to advocate for positive reproductive health policies and strategies. Following are examples of our work in implementing service delivery guidelines in Malawi and Nepal, developing strategies to expand postabortion care in West Africa and Haiti, and expanding the Maximizing Access and Quality (MAQ) initiative.

Reproductive Health Service Delivery Guidelines Launched in Malawi

On 14 February, the Malawi Ministry of Health and Population (MOHP) launched its national reproductive health service delivery guidelines (signed by the Minister of Health). They were revised with technical and financial assistance from the TRH Project, and include updated and detailed information on all family planning methods available in Malawi as well as chapters on other reproductive health topics, including PAC, adolescent reproductive health, sexually transmitted infections, HIV/AIDS, prevention of mother-to-child transmission, prevention of cervical and breast cancer, infection prevention, and quality of care.

These are the most comprehensive reproductive health guidelines ever produced by the Malawian MOHP, and all clinical health personnel in the provision and supervision of reproductive health services will use them. The MOHP/JHPIEGO program began disseminating the document in March with orientation workshops for healthcare providers conducted by the MOHP/JHPIEGO core group of trainers. Since its launch, more than 200 healthcare providers from the public, mission, and private sectors have been oriented to the document and have been provided with job aids for use in orienting other healthcare providers within their site and/or organization. Copies of the guidelines have already been distributed to all governmental and nongovernmental hospitals and health centers (including private practitioners), as well as to all health training institutions, local nongovernmental organizations, and donors. Additional orientation workshops are planned for district reproductive health coordinators, family planning/ reproductive inservice trainers, preservice faculty, and clinical preceptors.

National Hospital-Based Infection Prevention Standards Implemented in Malawi

In collaboration with the Malawian Ministry of Health and Population (MOHP) and other partners, TRH implemented a performance and quality improvement (PQI) effort to develop, apply, and monitor national hospital-based infection prevention standards in response to the risk of HIV/AIDS transmission in this high-prevalence country. In FY02, national infection prevention standards were developed and approved by the MOHP. PQI teams at seven sites were trained, and baseline assessments and followup visits were conducted at each site. Notable at the followup visits to the sites was that improvements in infection prevention had already been made using local resources. These improvements included decontamination of medical equipment using a chlorine solution, change in traffic patterns, and improved handwashing procedures implemented by hospital personnel. Neither the MOHP nor TRH provided external technical or financial

assistance after the training was completed; the changes resulted solely from training the PQI teams and providing them with the national infection prevention standards document.

National Medical Standard for Reproductive Health Volume 1: Contraceptive Services, 3rd edition, Published in Nepal

The third edition of the *National Medical Standard for Reproductive Health, Volume 1: Contraceptive Services* (NMS) was launched on 11 October 2001 at the Department of Health Services' National Annual Performance Review in Kathmandu, Nepal. The document, a country-specific reference for policy makers, district health officers, hospital directors, clinical supervisors, and healthcare providers, was revised by the Family Health Division of the Nepal Ministry of Health, several key reproductive health stakeholders, EngenderHealth, and JHPIEGO.

The NMS provides clinical information and tools to support provider training and healthcare provision. It contains cross references to supporting national documents and reference materials, including existing learning packages and Reproductive Health Clinical Protocols. This edition includes new chapters on Family Planning Complication Management System, Postabortion Contraception, Contraception and STIs, Contraception for Women Over 35, Contraception for Adolescents, and Emergency Contraception. The chapter on counseling was updated to emphasize informed choice and informed consent.

The new edition reflects Nepal's current national health policy and recent developments in family planning/reproductive health services. It is based on up-to-date international reference materials and scientific evidence, and incorporates feedback from users of the second edition. Dissemination of the document is currently underway. Target audiences include district health offices, primary healthcare centers, and hospitals; regional and zonal health training centers; central government health divisions; preservice medical and nursing institutions; professional bodies; and nongovernmental organizations working in reproductive health.

TRH Working to Develop Postabortion Care Community Mobilization Campaign in Haiti

In May, TRH sponsored the participation of a behavior change advisor on a multi-agency team to assess Haiti's maternal mortality situation. The assessment is an early step in the development of a national strategy (which entails PAC and family planning as two key elements) to reduce maternal mortality in Haiti. This national strategy will also guide TRH's development of a campaign to increase community demand for quality PAC services and reduce the stigma associated with treatment of unsafe abortion. The assessment team issued recommendations for the draft national strategic plan, which were well received by the donor community and a team of national experts.

Francophone Regional Postabortion Care Conference Convened in Africa

From 4–7 March, 200 representatives from 14 African countries, Collaborating Agencies, and donors convened in Dakar, Senegal, for a conference on the advancement of PAC in West and Central Africa. The conference—sponsored largely by USAID's Office of Population, the Africa Bureau, regional USAID missions, and other donors—examined the steps needed to initiate or further expand the availability of PAC services in Francophone Africa.

Through a variety of plenary and round-table discussions, the conference examined three topics: Policies and Advocacy for PAC services, Developing Trainer Competency, and Integration of PAC into National Reproductive Health Programs. A technical update for participants, using a "mini-university" format for sessions, focused on the three components of PAC: management of complications, provision of counseling and family planning services, and linkages to important reproductive health services. Country delegations used this information to develop action plans for the introduction or expansion of PAC services in their country. This conference was a collaborative effort of JHPIEGO/TRH, Advance Africa, the Center for Training and Research in Reproductive Health, EngenderHealth, Family Care International, Intrah/PRIME II, Ipas, the International Planned Parenthood Federation, the Policy Project, the Population Council, the Population Reference Bureau, the Support for Analysis and Research in Africa II Project (SARA II), and the World Health Organization.

MAQ Initiative: Cooperating Agencies Collaborate on Francophone West Africa Guidelines Survey

In October and November 2001, four USAID Cooperating Agencies (CAs) conducted a desk review to determine the extent to which STI/HIV/AIDS information is integrated into national family planning/reproductive health guidelines. These CAs reviewed the most recent guidelines for four West African countries: Family Health International for Mali, Intrah/PRIME for Benin, JHPIEGO/TRH for Niger, and the Population Council for Senegal. Each CA shared a report of the desk review with incountry counterparts.

As a next step in the guidelines survey, TRH worked with partner agencies to develop a followup questionnaire to determine the extent to which STI/HIV/AIDS information from the guidelines is accessible to providers at their service delivery sites. Incountry partners will use this questionnaire to conduct interviews with local service providers. These interviews will examine providers' perceptions of the Protocols. Providers will be asked questions such as: Is a copy of the most recent Protocols available at the facility? Are the Protocols easy or hard to use? Do providers use the Protocols in their daily work to provide STI/HIV/AIDS services? How do providers use the Protocols to provide these services?

Francophone MAQ Subcommittee Builds Synergies and Plans Next Steps

In March, a meeting of the Francophone MAQ Subcommittee was held in conjunction with the Francophone Regional Postabortion Care (PAC) Conference in Dakar, Senegal. Members of the MAQ Subcommittee who were country team delegates at the PAC conference were invited to attend a 1-day MAQ meeting on 8 March, following the PAC conference. The first half of the day was devoted to a joint meeting between the Francophone MAQ Subcommittee and PARTAGE, a network of nongovernmental organizations active in reproductive health programming in West Africa. This meeting built on synergies between the two West African groups. During the afternoon, Francophone MAQ Subcommittee members met to review progress to date on a Francophone MAQ guidelines study and to plan next steps for the Subcommittee.

The Francophone MAQ Subcommittee will continue to seek ways to create links with related USAID meetings and activities that are planned in the West Africa region. For example, selected MAQ Subcommittee members will be sponsored to participate in the

Dual Protection Meeting, planned by the Family Health and AIDS Program for 27–29 August in Yamoussokro, Côte d'Ivoire.

OBJECTIVE 3: LEARNING INTERVENTIONS

In 2002, TRH continued to work on improving the effectiveness and efficiency of reproductive health education and training by developing and applying innovative learning interventions. Following are examples of our work this year on learning materials and information technology that addressed this objective.

Innovative Training Approach Used for Training Providers in HIV Voluntary Counseling and Testing Services in Jamaica

This year, JHPIEGO developed and used an innovative training approach to: (1) adapt a counseling protocol tested by the Centers for Disease Control and Prevention's (CDC) Global AIDS Program into a complete training package (comprising a reference manual, trainer's notebook, participant's handbook, and VCT learning guide); (2) develop a training program; (3) train the first cohort of participants; and (4) complete a TRH Clinical Training Skills course with 10 participants who are now candidate clinical trainers and will conduct training in Jamaica and throughout the Caribbean.

The VCT learning package is based on a scripted protocol for counseling developed and tested by the CDC's Global AIDS Program. The Johns Hopkins University Center for Communication Programs also granted permission to adapt their VCT materials for the learning package. During the course, the participants and trainers worked to adapt the protocol for the Jamaican context. (Because Rapid Testing will soon be available in Jamaica, the protocol was adapted to allow for use with both Rapid Testing and the established ELISA method.)

Haitian Cyber Center for Health Professionals Strengthened

In March 1999, the Institute for Health and Community Action (INHSAC), a non-governmental, public health training institution in Haiti, established an on-site electronic resource center with technical assistance from JHPIEGO. The center supports the network of INHSAC trainers and health professionals by connecting them, via the Internet, to up-to-date healthcare resources and other healthcare professionals around the world. The center also offers a small library of health CD-ROMs for self-paced learning.

In September 2000, INHSAC partnered with Comsanet/Alliance, a private cyber café, to manage the center. Comsanet/Alliance covers the day-to-day expenses and management of the center, and provides introductory computer training on behalf of INHSAC for healthcare professionals and students. Healthcare professionals are able to access this center (and Comsanet/Alliance's other Port-au-Prince cyber cafés) at a reduced cost.

In October 2001, JHPIEGO worked with INHSAC to create a brochure to market the center to Haitian healthcare professionals. JHPIEGO also provided technical assistance in establishing an INHSAC website (www.inhsac.org). The website provides information

about INHSAC and its activities with the Ministry of Health and nongovernmental organizations, and about the benefits offered to healthcare professionals by the cyber center. The website also posts announcements about the center's upcoming events, and serves as a virtual library with links to other websites on four priority health topics: reproductive health, maternal and child health, child survival, and infectious diseases, including HIV/AIDS. These latest efforts will expand INHSAC's ability to make cutting-edge healthcare information more readily available to healthcare professionals.

Postabortion Care Individual Learning Package Completed

In an individual learning approach, in contrast to a group-based learning approach, the learner assumes the responsibility for acquiring the essential knowledge and follows a series of structured learning activities presented in a learning package. However, the development of essential skills and attitudes occurs in the same way in individual learning as in group learning—through observation of demonstrations, practice while being coached, and assessment of skill competency.

This year, individualized learning packages were used for PAC training in Malawi and Zambia, and our global Postabortion Care Individual Learning Package was published in May. It is available on CD-ROM to provide the greatest flexibility in its use and allow it to be adapted easily to meet a particular country's needs. The package comprises a Learner's Guide, Trainer's Guide, and Supervisor's Guide, and is designed to be used with the same PAC reference manual, anatomic models, and audiovisuals used for group-based training.

Guidelines for Performing Breast and Pelvic Examinations Published in French, Russian, and Spanish

French, Russian, and Spanish translations of *Guidelines for Performing Breast and Pelvic Examinations* were published this year. Using clear illustrations and simple language, the Guidelines present a step-by-step approach for performing breast and pelvic examinations and teaching breast self-examination to women. The Guidelines outline the clinical and counseling skills needed to provide high quality reproductive healthcare, including talking to women about their reproductive health needs and using recommended infection prevention practices. The training video that accompanies the Guidelines is now also available in English, French, Russian, and Spanish, and was produced on both videotape and CD-ROM.

Access to Current Reproductive Health Information Increased

The Family Planning Section of ReproLine® received 298,849 visits from July 2001–June 2002. ReproLine is supplemented by TRH TrainerNews® (JTN), a monthly e-newsletter of reproductive health news and training tips, distributed by e-mail to more than 1,000 subscribers from 65 countries. More than 45 of these are developing countries and more than 30 have received USAID assistance. A survey of JTN readers in 2001 found that 76% of newsletter users were reproductive healthcare professionals (physicians, nurses, midwives). In addition, 67% of respondents said they used information obtained from the newsletter to improve training programs. Readers commented that they use the information under the Training Skills section to organize training activities and make them more dynamic and participatory.

New Transfer of Learning Guide Available

This year, PRIME II and TRH collaborated on the development and publication of the *Transfer of Learning: A Guide for Strengthening the Performance of Health Care Workers*. The primary purpose of the guide is to share strategies and techniques that can be used before, during, and after training interventions to ensure support for the transfer of knowledge and skills to improve performance on the job.

The information enables all stakeholders involved in a training intervention to contribute to the transfer of learning. Stakeholders in the training and learning process may include policymakers and officials at national, regional, and local levels, program planners, supervisors, trainers, learners, and their co-workers. For learning interventions to be successful, stakeholders must work together as partners with a common goal. Although the guide outlines specific actions for supervisors, trainers, learners, and their coworkers, other stakeholders can also use this information to gain an appreciation of the process and an understanding of the support and resources needed to ensure transfer of learning.

Excerpts from this guide were published as articles in JHPIEGO TrainerNews. In addition, the full document was made available on ReproLine in May (www.reproline.jhu.edu), and French and Spanish editions will be published in FY03.

OBJECTIVE 4: GLOBAL EXPERT RESOURCES

The TRH Project's fourth programmatic objective is to maximize the effectiveness and impact of an expanding group of international reproductive health experts and associated institutions through professional development, institutional partnerships, and the establishment of a global communication and training network. **Table 2** shows progress in trainer development, and gives the numbers of candidate and qualified clinical, advanced, and master trainers, classroom faculty, and clinical instructors developed from1993 through 2002. **Table 3** gives a breakdown of these trainers by region. Following these tables are examples of our activities in 2002 that addressed the development of these global expert resources.

Table 2. Trainer Development: 1 October 1993–30 June 2002

	CANDIDATE	QUALIFIED	DEFINITION
Clinical Trainers	1,824	518	A trainer who can impart clinical skills to providers. A clinical trainer must be proficient (expert) in the clinical family planning/ reproductive health service for which s/he will be providing clinical training as well as competent in clinical training skills.
Advanced Trainers	106	118	A trainer who can impart clinical and clinical training skills to proficient service providers. S/he also should be knowledgeable and experienced in conducting various types of reproductive health courses. Generally, a JHPIEGO advanced trainer first has been a proficient service provider, then a clinical trainer, and has completed an apprenticeship (i.e., cotrained) with a master trainer as a part of a progressive experience in JHPIEGO training approaches.
Master Trainers	23	28	A trainer who can impart advanced and clinical training skills as well as clinical skills to other health professionals. S/he also should be knowledgeable and experienced in developing courses, conducting various types of training courses in reproductive health, and evaluating training. Generally, a master trainer first has been a proficient service provider and then a clinical trainer and an advanced trainer. The master trainer may assist with program development or program implementation or serve as a master trainer in a specific activity, including cotraining with a clinical trainer or an advanced trainer.
Classroom Faculty	212		A person who can impart **knowledge** to others, but who does not train others in clinical skills. These professionals usually function in preservice settings.
Clinical Instructors	48		A person who can transfer clinical skills to others, but is not qualified to impart knowledge to others (as a clinical skills trainer is). Clinical instructors are sometimes referred to as preceptors.

The total number of trainers above, from JTIMS, Indonesia, Kenya, and Nepal TIMS = 2,877.

Note: The term “Clinical Instructors” was changed to “Clinical *Preceptors*” in JTIMS by the Learning and Performance Support Office.

Table 3. Trainers Developed from 1 October 1993–30 June 2002, by Region

REGION	NUMBER OF TRAINERS
Africa	1,057
Asia, Central; Europe; and Near East	553
Asia: South and Southeast	678
Latin America and Caribbean	559
USA	30
Total	**2,877**

JHPIEGO-Trained HBCU Physicians Gaining Practical Experience

Under the auspices of USAID's Historically Black Colleges and Universities (HBCU) Initiative, JHPIEGO has been working with Charles R. Drew University of Medicine and Science (Drew) to develop and implement a strategic plan to strengthen Drew's involvement in international development activities. JHPIEGO has been assisting Drew's International Health Institute to develop an administrative infrastructure and a cadre of technical experts capable of providing international reproductive health education and training technical assistance. The collaboration is designed to provide the Drew staff with both educational and international practical experience.

This year, JHPIEGO-trained Drew staff has served on JHPIEGO teams conducting a needs assessment, a contraceptive update, and clinical training skills, instructional design and infection prevention activities in Indonesia, Jamaica, and Peru. In addition to the work these individuals are doing with JHPIEGO, one Drew staff member was contracted by PRIME II to join a team conducting a 2-week Trainer of Trainers in Emergency Obstetric and Neonatal Care Knowledge and Skills Update in the Jinotega District of Nicaragua (part of the PRIME II Safe Motherhood project).

Advanced Training Skills Workshop Conducted in Nepal

As part of the continuing effort to develop the capacity of reproductive health training in Nepal, JHPIEGO conducted an Advanced Training Skills workshop in collaboration with the Institute of Medicine, Tribhuvan University, from 5–9 November 2001 in Kathmandu. The participants—19 experienced trainers committed to and responsible for preparing inservice and preservice trainers and faculty—were particularly interested in topics such as problem solving and clinical decision-making. Following the workshop, participants planned to apply their new leadership skills to the many training courses and programs conducted by the Nursing Association of Nepal and their respective host institutions, including auxiliary nurse midwife, nursing, and medical schools and inservice government training sites.

With technical support from JHPIEGO, the Department of Health Services, National Health Training Center, Nursing Association of Nepal, and the Center for Technical Education and Vocation Training have adopted competency-based training as the standard for the country's preservice and inservice health education and training systems. As a result, the
need for trainer development is great. JHPIEGO is helping to create a generation of proficient trainers who are making a positive and lasting impact on the reproductive health training system and the quality of healthcare services provided in Nepal.

2002 ANNUAL EXPENDITURE SUMMARY
(1 October 2001–30 June 2002)

EXPENSE DESCRIPTION	FY 2002 EXPENSES
Country Project Expenses	
Africa: East and Southern; West; and Haiti	2,251,790
Asia: Central; Europe; and Near East	1,062,324
Latin America and Caribbean	313,282
Country Projects Subtotal	3,627,396
Core Project Expenses	
New Initiatives	1,162,080
Materials Development	410,139
Program Management	399,982
Technical Leadership	537,225
Research	623,120
Core Projects Subtotal	3,132,546
GRAND TOTAL	**6,759,942**

2002 COUNTRY PROJECT EXPENSES
(October 2001–June 2002)

REGION	FY 2002 EXPENSES
Africa East and Southern; West; and Haiti	
Côte d'Ivoire	64
Ghana	433,136
Haiti	250,916
Kenya	21,288
Malawi	1,179,996
REDSO/ESA	54,639
Senegal	6,601
Uganda	81,950
Zambia	211,285
Zimbabwe	11,915
Total	2,251,790
Asia: Central; Europe; and Near East	
Georgia	157,481
Indonesia	4,941
Nepal	488,269
Turkey	359,908
Ukraine	51,725
Total	1,062,324
Latin America and Caribbean	
Bolivia	-50,070
Ecuador	10,888
Guatemala	-7,675
Jamaica	138,163
Peru	221,976
Total	313,282
TOTAL COUNTRY EXPENSES	**3,627,396**

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